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ABSTRACT

A survey was conducted of nursing faculty participation in professional organizations. A survey instrument was developed and submitted to three faculty in two schools of nursing for critique of content validity; questions related to both demographics and membership and participation in the Florida Nurses Association/American Nurses Association (FNA/ANA) and other professional organizations. Questionnaires were distributed, through deans and directors of schools of nursing in Florida, to 440 nursing faculty; 180 responses were returned, for a response rate of 41%. Results included the following: (1) membership was indicated in 40 professional nursing organizations, with 43% indicating no membership, 21.2% with one membership, and 21% with two memberships; (2) 42% identified professional responsibility as the reason for belonging to FNA/ANA, and 38% indicated cost was their reason for not belonging; and (3) 3% indicated that membership was required by their employing organization, 72% indicated that it was recommended, and 26% indicated that it was neither required nor recommended. Concern is expressed about the large number of professional organizations to which nurses can belong in that such diversion of unity can lead to reduced power for the profession. Contains seven references. (KM)

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NURSING FACULTY PARTICIPATION IN PROFESSIONAL ORGANIZATIONS

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INTRODUCTION

Whether nursing can be classified as a profession has been debated for many years. Expert opinions vary and there has been no general consensus on the issue. To determine if nursing is a profession, one must first examine what is a profession, and what are the defining characteristics. Six common components of a profession have been identified by DeYoung (1985). These characteristics include: 1) a strong scientific base, 2) a strong service orientation, 3) a code of ethics, 4) ongoing research contributing to professional development, 5) recognized authority by the professional group with community sanction, and 6) a professional organization that sets standards.

Participation in organized nursing activities is one way the nurse can demonstrate professional committment. According to the sociologist Merton (1958), "a professional organization is an organization of practitioners who judge one another as professionally competent and who have banded together to perform social functions which they cannot perform in their separate capacities as individuals." He has also delineated the functions of a professional organization into three categories. First, there is a function of personal benefit for the individual

practitioner. The association gives social and moral support to help the individual carry out the expected role. Salary, conditions of work, advancement opportunities, continuing education, and competence standard development, all fall into this grouping for individual economic and general welfare. Secondly, the profession as a whole benefits from a professional organization. Social and moral connections among members form. The association sets rigorous standards with implementation and monitoring to ensure quality of education, practice, and research. Finally, the association furnishes the social bonds necessary for cohesiveness. This cohesiveness provides a unity in action. A pervading political precept is that the most powerful groups are those that are united. Unless there is one voice for a profession, no one will listen. Adequate numbers of participating members are crucial for a professional organization to achieve its goals.

The American Nurses Association (ANA) is a professional organization which only nurses may join. The ANA was formed in 1896 with the purposes established to foster high standards of nursing practice, to promote professional and educational advancement of nurses, and to improve the welfare of nurses so that all clients benefit from superior nursing care (Doheny, 1982).

An editorial survey by Reynolds (1985) addressed the extent to which subscribers to RN magazine were members of national nursing organizations. Eighty six percent of the respondents said nurses should belong to national nursing organizations, but only thirty percent indicated that they were members. About one half of the respondents were associated with the ANA, the others were members of national nursing specialty organizations.

Another study conducted to determine the extent to which nurses are members of and participate in professional organizations was a survey of membership undertaken by the Association of Rehabilitation Nurses (1984) which found that 45% of the respondents were members of the American Nurses Association (ANA). Twenty five percent were members of Sigma Theta Tau (the International Nursing Honor Society and nine percent indicated they were members of the National League for Nursing (NLN).

Within the last ten years there has been a proliferation of specialty organizations for nurses to join. Generally, these organizations do not lobby for economic security for their members. Their major mission is to provide a forum for sharing ideas and experiences, and resolving problems related to a particular specialty. According to Kelly (1985) most of these organizations remain autonomous. Campbell (1985) believes that these self interest groups are destroying the profession. Because these groups

adopt an air of exclusivity, sharing of knowledge is minimal and tunnel vision is observed. A final outcome is a dissatisfaction with the specialty group and formation of yet another "splinter group".

Some nurses belong to more than one organization. Big business campaigns and marketing strategies of attractive benefit packages occur with an intent to sway the nurse to join a particular organization. Soon, the nurse is flooded with membership in numerous organizations. A valuing mechanism is then utilized when an individual holds membership in multiple organizations. Eventually those organizations not meeting the needs of the individual will be dropped (Association Management, 1981).

Generally, nursing faculty hold advanced degrees and are indoctrinated into the concept of professionalism. Their assigned expectation is to function as role models and change agents. Another expectation is for faculty to socialize new members, that is nursing students, into the profession. The investigators hypothesized that nursing faculty belong to the American Nurses Association. It was further hypothesized that nursing faculty belong to other nursing specialty organizations in addition to the ANA.

METHOD

A survey was used for the study of nursing faculty participation in professional organizations. The survey instrument was developed by the investigators. It was then submitted to three faculty in two schools of nursing for critique of content validity.

The final instrument had two parts. The first part contained questions of a demographic nature including the age and sex of the respondent, the type of nursing program in which the respondent teaches and the respondent's area of clincal specialization. The second part contained questions related to membership and participation in the Florida Nurses Association / American Nurses Association as well as other professional organizations.

Four hundred forty questionnaires were distributed to nursing faculty in Florida with the assistance of the Florida Nurses Association office through the Deans and Directors of schools of nursing in Florida. One hundred eighty responses were returned resulting in a response rate of 41 percent. Frequency percent of responses was utilized for analyzing demograhic data, faculty participation in professional nursing organizations, faculty participation in non professional activities and reasons for participation or non participation in professional nursing organizations.

RESULTS

The 180 nursing faculty respondents indicated membership in forty (40) different professional nursing organizations. Forty three percent (43%) of the faculty indicated that they were not members of any professional nursing organizations. Twenty one percent (21.2%) indicated membership in one professional nursing organization, twenty one percent (20.7%) listed membership in two professional nursing organizations, eight percent (8.3%) stated they were members of three professional nursing organizations, 5 percent (4.7%) listed membership in four professional nursing organizations and two percent (2.1%) listed membership in five professional nursing organizations. Table 1 lists the ten organizations in which faculty were most likely to be members.

Table 1: Professional Nursing Organizations to Which Nursing Faculty Belong (n=180)

Organization	f%
1. ANA/FNA(Florida Nurses Association)	68%
2. Sigma Theta Tau	42%
3. NLN/FLN (Florida League for Nursing)	15%
4. Association of Obstetrical and Gynecologic Nurses (NAAÇOG)	7%
5. American Association of Critical-Care Nurses (AACN)	7%
6. American/Florida Public Health Association	5%
7. Oncology Nursing Society	3%
8. National Black Nurses Association	2%
9. Nursing Research Society	2%
10. Gerontology Nurses Association	2%

Respondents were asked to list their reasons for belonging (or not belonging) to ANA/FNA. The reason identified by 42% of the faculty for belonging to any professional organization was professional responsibility. Other reasons cited for belonging to ANA/FNA are listed in Table 2.

Table 2: Reasons Cited by Nursing Faculty for Belonging to ANA/FNA (n=112)

Reason	f%
1. Professional responsibility	42.0 %
2. To receive information from national, state and local levels	26.8 %
3. To support organized professional nursing	23.2 %
4. To have a voice in the direction of the profession	17.0 %
5. To support political action among nurses	8.9 %
6. Networking	6.3 %
7. Continuing education	6.3 %
8. Professional comraderie	5.4 %
9. To upgrade standards for nursing and health care	4.5 %
10. To promote unity among nurses	2.7 %

The primary reason for not belonging to ANA/FNA, given by 38% of the 68 respondents who were not members was cost. Other reasons included no perceived benefits (15%), lack of time (12%) and disapproval of the ANA position on nursing entry level into practice (9%).

Additionally, nursing faculty were asked to list non-nursing organizations or other activities that place a demand on their time. Among the 180 respondents, 71 different organizations and activites were

identified. The resulting list included church, civic organizations, hobbies, children's activities, sports, non-profit voluntary groups, military activities and educational activities (eg. doctoral studies). The ten most commonly identified activities are listed in Table 3.

Table 3: Non-Nursing Organizations and Activities in Which Nursing Faculty Participate (n=180)

Activity	f%
1. Church	17%
2. Sorority	10%
3. American Cancer Society	6%
4. Faculty Association of Community Colleges	4%
5. PTA	4%
6. American Heart Association	3%
7. Children/Adult Sport Activities	3%
8. Civic Associations	3%
9. Hospice	2%
10 Educational activites (e.g., doctoral studies)	2%

Faculty were asked to indicate whether their employing institution recommended or required membership in the ANA/FNA or any other professional nursing organizations. Of the 180 respondents, 3% stated that membership in ANA was required, 72% indicated that membership in ANA was recommended, and 26% indicated that membership in ANA was neither recommended nor required by their employer. Nine percent (9%) of the respondents stated that membership in other professional nursing

organizations was required, 63% stated that such membership was recommended and 27% indicated that it was neither recommended nor required by their employer.

The demographic characteristics of the 180 respondents were as follows: 4% teach in an LPN program, 55% teach in an Associate Degree program and 37% teach in a program leading to a Baccalaureate Degree. Four percent (4%) indicated that their primary teaching reponsibility was in a Graduate nursing program. Forty one percent of the respondents indicated that they teach Medical/Surgical Nursing, 24% teach Maternal/Child Nursing, 16% teach Psychiatric/Mental Health Nursing, 10% teach Community Health Nursing and 9% teach Gerontologic Nursing. Ninety eight percent of the respondents were female; the remaining 2 % were male. Two percent of the respondents stated that they were between 20-29 years of age, 29% were between 30-39 years of age, 37% were between 40-49 years of age, 24% were between 50-59 years of age and 7% were 60 years of age or older. All respondents were nursing faculty in Florida at the time of the study.

Conclusions and Discussion

While the study participants were limited to nursing faculty in Florida, it is believed that the information obtained from this study has

implications for nursing and nursing education in general. The findings indicate that a significant number of nursing faculty are members of professional nursing organizations. In addition many are involved in additional non-professional activities. A large percentage of faculty are more than card carrying members but are active participants in the professsional organizations to which they belong. The nursing faculty member must be seen as a role model of professional socialization for the nursing student if the student is to value and assume the roles and responsibilities of a professional nurse as she embarks on her career.

A concern arises however, when one views the large number of professional organizations to which a nurse can belong. Reduced power for the profession can occur with this diversion of unity into a myriad of specialty organizations. When the nurse chooses from a smorgasbord of specialty organizations without belonging to one national organization which has the authority to speak for all nurses, contradicting beliefs serve to dilute the overall power of the profession. It may be appropriate for nursing faculty to explore for themselves, and with their students, the philosophies and goals of the many professional nursing organizations to determine commonalities and differences in order to enhance the goals of the profession.

References:

Bondy, K. (1985). ARN Membrship Survey - 1984. Rehabilitation Nursing, November-December, 26-30.

Campbell, D. (1985). "Splinters are Hurting the Profession. Nursing Profession Plagued by Small Interest Groups. Nursing Mirror, 160 (16), 28.

DeYoung, L. (1985). Dynamics of Nursing. Princeton: C.V.Mosby Co.

Doheny, M., Cook, C. & Stopper, M. (1982) The Discipline of Nursing. Maryland: Robert J. Brady Co.

Kelly, L. (1985). Dimensions of Professional Nursing. New York: Macmillan Publishing Co.

Merton, R. (1958). "The Function of the Professional Association." American Journal of Nursing, 58 (50), 50-54.

Reynolds, J. (1985) "The Puzzling 86% ... Nurses Should Belong to National Nursing Organizations." RN, 48 (6), 7.